DOCUMENT RESUME

ED 259 464 EA 017 927

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TITLE Professionalization and Education: The Proper Notions as a Preparation for Work.
SPONS AGENCY National Swedish Board of Universities and Colleges, Stockholm. Research and Development Unit.
PUB DATE 85
NOTE 16p.; Paper presented at the Annual Meeting of the American Educational Research Association (Chicago, IL, March 31-April 4, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Foreign Countries; *Higher Education; Interviews; Longitudinal Studies; Medicine; Opinions; *Outcomes of Education; Physicians; *Professional Education; Professional Recognition; Psychologists; *Role Perception; Self Actualization; *Self Concept; Social Cognition; Status; Values
IDENTIFIERS *LONG Project (Sweden)

ABSTRACT

This paper describes a part of the LONG-project in Sweden, a study of the long-term ideological effects of higher education on students' notions of their surrounding world. Extending from 1978 to 1982, the main study of the LONG-project involved followup studies on 100 students representing four professional study programs: business administration and economics, medicine, psychology, and engineering. Through a series of qualitative techniques, students' notions of their future professional functions were examined at the beginning and toward the end of their education. Results for medicine and psychology students are reported here. A set of preliminary reference studies are first described, whose purposes included distinguishing the aims and content of these fields of study and trying to understand and explain students' notions. Extensive interviews with students revealed distinct categories of notions about their profession, which are listed and described. Thereafter, changes in these notions that took place during their education are shown through a series of tables and graphs. The paper concludes that there is more scope for criticism of society among professionally active psychologists than among physicians, whereas the relatively striking and unambiguous ideological transmission in medicine is an adjustment to the prevailing system. (TE)

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PROFESSIONALIZATION AND EDUCATION

THE PROPER NOTIONS AS A PREPARATION FOR WORK

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Paper presented at AERA Annual Meeting, Chicago, March 1985-03-31--April 04-04.

PROFESSIONALIZATION AND EDUCATION - THE PROPER NOTIONS AS A PREPARATION FOR WORK

Background

The contribution of higher education to the formation of students is a question of great interest among educational researchers. This question has been tackled in many different ways. The focus has often been on short-term effects in a narrow sense, on specific knowledge and skills or on the changes in attitudes. The attitudinal research carried out up till now has usually been quantitative and the results are often described in such general terms as to almost exclude content, for example that the students become flexible, liberal, bound by morals in a greater or less degreee, etc. The conclusion is that higher education has an impact on the students' attitudes and values. But this research neither indicates how this impact is actually constituted nor why the students are affected in one way or the other.

The starting-point of the elucidation of these questions should be the functions of education in society at the same time as it should focus on the content of the impact and its effects. The Swedish so-called LONG-project[x)] (Long-term effects of higher education) focuses on the ideological function of higher education aiming at social and cultural reproduction. The problem of the LONG-project can also be formulated in terms of the ideological transmission that is assumed to occur through higher education. Our work focuses on the attempt to elucidate the content of the students' notions of central aspects in their surrounding world, in the light of the basic functions of education.

Notions are a key concept in the LONG-project. Notions refers to structuring and integrating principles of an overlapping kind,

x) The LONG-project is supported by the National Swedish Board of universities and Colleges, R & D unit.

which determine how the surrounding world is interpreted and evaluated. Notions determine how reality appears at the same time as the notions are determined by this reality. The notions of the individual are assumed to function as a filter or a matrix through which the world is viewed. They also govern the readiness for action of the individual. Notions could be described as 'perceptual gestalts' which constitute the ideological link between society and the conceptions of the individual. The concept of notions could be related to 'values' and 'attitudes' in the dimension 'abstract-concrete', 'general-specific' and 'permanent-momentary'. Thus, notions are more abstract, general and permanent than values and even more so than attitudes.

The starting-point of our research is the reality linked to the everyday life and immediate future of the student. We therefore focus on aspects related to notions of education, profession and society. In order to approach the problems education and professionalization we have here chosen to illustrate notions of professions and professional functions. Notions, given our definition, are of considerable importance for the actions of the individuals. We therefore consider notions to be relevant for professionalization. Thus, we claim that the ideological transmission that in this respect is assumed to occur through higher education is an essential part of professionalization.

The main study of the LONG-project is a longitudinal follow-up, extending from 1978 to 1982. It includes 100 students representing four professionally-oriented study programmes: business administration and economics, medicine, psychology and engineering. The reasons for selecting these educations are that they lead to central positions in society and that the future practicians in different ways can be expected to exert a great influence on other people. Different qualitative techniques have been developed in order to illuminate the students' notions, for example a problem-sorting task, a social classification technique, etc. The emphasis is on qualitative, extensive interviews. The students have been contacted on three occasions. At the beginning and towards the end of

the education we have used the whole investigation-battery.

In order to illustrate our attempts to find out how notions stablilize and/or change in the course of higher education we have chosen to present the notions of future professional function of medical and psychology students. The future professions of these two groups are of apparently similar character.Doctors as well as psychologists are "repairers" according to Bernstein (1977), repairers of the body and the soul. In spite of the similarities there are, however, important differencies both in the education as well as in the exercise of these professions, which can be expected to be expressed in the notions of these two groups of their future professional functions. One striking difference is for example that the medical profession has a long and very strong tradition whereas the psychological profession is comparatively newly-established.

Reference studies

As our ambition is not only to describe but also to try to understand and explain the students' notions, we have characterized the different educations and also made several pilot studies. The descriptions of the educations include three different aspects:1) their relationship to the production (direct/indirect relationship) 2) the principles underlying the organization of the education and teaching (Bernstein's concepts collection/integrated code) 3) the principles of the structure of the content (objects-focused/context-focused code). We have used educational documents, curricula and teacher and student interviews for the analysis of the form and content of these educations.

Medicine and psychology are both indirectly related to the production. There are, however, important differences between these two educations. The educational codes are different, both the codes of organization as well as the codes of content. The medical education is characterized by a collection code, meaning roughly that the education consists of well-defined courses and criteria of knowledge. Psychology, on the other

hand,is characterized by an integrated code, aiming at integratingthe various courses. The emphasis on group activities and personal development leads to unclear requirements of knowledge. In our so-called code of content we have tried to indicate how the content is related to society and how this content is transmitted. In the medical education, characterized by an objects-focused code, the teaching is mainly linked to concrete objects (e.g. limbs, blood-vessels, cells). Few clues are given for the understanding and explanation of society as such, whereas the psychological education reflects a context-focused code. The relationship to society is here transmitted through different theories. The education offers a theory-dependent understanding. The relationship of the education and profession to society will thus become ambiguous.

Will the differencies between medicine and psychology described above have any impact on the students' notions of their future professional functions? Is it not reasonable to expect that the medical students should demonstrate uniformity and homogeneity in their notions and their changes in notions? Is it not also reasonable to expect that the students of psychology should demonstrate heterogeneity and confusion?

The reference studies carried out within the LONG-project also aim at trying to understand and explain students' notions. Interviews with the so-called common people show that doctors are considered to have a clear and well-defined function whereas the role of the psychologist is considered to be extremly diffuse. A survey of the content of specialist journals produces the same result. The medical journals reflect notions of the doctor as "the indispensible and unattainable Samaritan" whereas the notion of the psychologist is that of "an undiscovered and undeveloped identity" in psychological journals. Interviews with fully qualified doctors and with teachers of psychology regarding notions of professional functions indicate homogeneity in the first case and heterogeneity in the second case. Only two qualitatively different notions have been identified for the

doctors whereas the analysis of the psychologists' professional function results in five different notions.

Students' notions

What are the notions of the medical and psychology students of their future professional functions? How do they conceive of this function initially and towards the end of their education? What do these notions tell us about how they can be assumed to practise their professions?

In order to illuminate problems of this kind we have analyzed the answers to the following interviewquestions:

- "How should a competent doctor/psychologist be?"
- "Why are there doctors/psychologists?"
- "What is their function?"
- "Why do people not become healthier in spite of the fact that the knowledge of different diseases constantly increases?/Why do people become mentally ill?"

Three different notions have been identified among the medical students:

A. "THE INVOLUNTARY PRESERVER OF THE SYSTEM"
B. "THE ACTIVE IMPROVER OF SOCIETY"
C. "THE FLEXIBLE MEDICAL ATTENDANT"*

What do these different notions imply? In category A the professional function of the doctor is regarded as subordinate to the political/economic system. The concrete form of medical care and the role of the doctor is a consequence of the fact that people and nature are impoverished by the system. Diseases are therefore to a great extent caused by structural factors. Since our economic system wears people out, both physically and mentally, and since organization and approach of medical care is

* This category can be reanalyzed and divided into more than one category.

directed towards treating the symptoms of the individuals instead of trying to analyze and tackle the real causes, the doctor contributes to the preservation of the system. Thus, the professional function of the doctor legitimatizes the existing system. The doctors must therefore be observant and among other things use their medical knowledge in order to expose the environmental/structural causes of illness. The doctors will thus get an alarm function and can for example help to eliminate harmful substances, work environments, etc. Through political work, debates, etc they can also for example expose the relationship between the environment and various diseases and thus contribute to making people aware of the system, which in the long run can lead to a collective consiousness - a condition for a total change of the whole system.

In category B the professional function of the doctor is related to the concrete form of society and medical care. Poor health is to a great extent caused by environmental and social factors. The function of the doctors will thus be partly to contribute to improving medical care so that mental, environmental and social factors will also be considered in the diagnosis and treatment of the patient and partly to try to contribute to the improvement of those parts of the environment that generate diseases. This is feasible since society in this category is assumed to consist of different parts that, nevertheless, are related to and affect each other, but still can be influenced and changed separately independent of the political/economic system. The doctor should for example be observant of diseases caused by bad work environments, poisons in the environment, etc and in each cases raise the alarm in order to bring about an improvement. The alarm function of this category resembles that of category A, but in the latter category this procedure is regarded more as a means to an end (which is a completely different political/economic system). The difference compared to the former category is that what in category B is called causes would be called symptoms of an "unhealthy social system" in category A. The basic cause of differences in the A-category is the political/economic system, but in the B-category various aspects of society are

deficient, various concrete activities can for example be mis-organized.

In category C the professional function of the doctor is adapted to the present organization of medical care. Thus, the doctor has not the changing function (e.g. work environments) of the previous category. The opinion in this category is that diseases to a great extent are caused by environmental factors. They are the price we have to pay for our prosperity, for example traffic accidents, cancer. These circumstances are taken for granted and the treatment will be introduced afterwards at the individual level. The function of the doctors is to treat the patients who consult them. Since society and medical knowledge are constantly changing, the role of the doctor has to be adjusted to these changes. It is, however, not the responsibility of the individual doctor to initiate these changes, they are instead introduced at a higher level through a changed organization or approach of medical care. For the individual doctor it will then be a question of adjusting to the reorganizations and new tasks that are introduced. An example is preventive medical care - at the individual level for example information about wholesome food, the dangers of smoking, correct work positions, etc. As regards the question how a competent doctor should be, the adjustment to new conditions and knowledge means that it is not only the purely medical skills that are important. The new discoveries of connections between mental and somatic well-being requires that the doctor shall be able to gain the confidence of the patients and he/she must be able to enter into their situation in order to make a correct diagnosis.

The analysis of the future psychologists has resulted in five different categories of notions:

A. "THE SPLIT LEGITIMATOR OF SOCIETY"
B. "THE SOCIAL REFORMING ENLIGHTER"
C. "THE EMPATHETIC SOCIALIZATION EXPERT"
D. "THE THERAPIST FOR THE VICTIMS OF CIRCUMSTANCES"
E. "THE HARDENER OF THE BEATEN SOULS"

The content of these five categories can be described as follows:

In category A the professional function and the causes of mental illness are related to the political/economic system. Mental illness is caused by the social order with its economic and social injustice. In a social perspective the professional function of the psychologist is thus to reduce the effects of the system and to cover up the worst deficiencies - to "polish the facade". Thus, the psychologist will indirectly also get a function of preserving and legitimatizing the social order. However, the psychologists can, of course, at the individual level help people with problems, but this also means that they have to readjust people to a basically unhealthy society. The psychologists are more or less powerless against mental illness since the causes are to be found in the social structure. However, at the individual level they can contribute to making people aware of the workings of society and to making them see their lives in a wider, social perspective.

If category A expresses a certain pessimism regarding the psychologists' possibilities of changing the causes of mental illness, there is a greater confidence in the possibilities of the psychologists in category B. In contrast to category A the psychologists' professional function and the causes of mental illness are not related to a political/economic system but to certain aspects of a given society. It is the deficiencies in our society that creates problems for the individual, for example bad work environments and housing conditions, unemployment, stress. It is however, possible to influence and remedy these deficiencies within the framework of the system. It is not necessary to change the whole political/economic system. Thus, the professional function of the psychologists is to contribute to improving society by means of their knowledge of the impact of social factors on people. They can accomplish this partly within the framework of the intentions of society for this profession, i.e. as researchers and psychologists specializing in work

and housing conditions, etc. The psychologists can also contribute to changes by taking an active part in the public debate and thus influence the social development in a more humane and positive direction, which in the long run would make psychologists superfluous. At the individual level the psychologist tries to help individuals who suffer from society in different ways. The professional function will thus be to compensate various deficiencies in the environment of the individual.

In category C the professional function of the psychologist is related to the individual's need for help. The psychologist's efforts can thus be made at the individual level. However, the social conditions affect the psychologist's function, since the causes of mental illness are partly to be found in the social surroundings. The concrete causes indicated in this category are various aspects of the milieu, primarily the family and childhood environment. The impact of society in general terms on the origin of mental illness is that the isolation and difficulties in making contacts with other people have made us incapable of coping with the strain created by this society. Greater solidarity and closer contacts between people would enable us to overcome these problems. Thus, they would not necessarily develop into mental illness. The professional function of the psychologist is accordingly to be "a professional fellow-being" for persons who cannot cope with the pressure: to help people to get a better understanding of themselves and their problems in order to readjust to and function in society. Through their work the psychologists can help people to get more acclimatized to society.

In category D the professional function of the psychologist is also related to the individual level. The psychologist must be able to understand the individuals and their specific problems in order to be able to help them. The causes of mental illness are innumerable, there are accordingly no systematic or general causes, which means that it is impossible

to point to some specific causes applying to everybody. The reason why some people,but not everybody, get problems is basic individual differencies in combination with the individual conditions and circumstances. The understanding of the individuals and their unique traits and experiences can enable the psychologist to help them to organize their lives so that problem-creating circumstances can be avoided. There can in principle be as many causes of mental illness as there are people with problems. Since the causes are related to the individuals and their specific situations there is no universal remedy. The psychologists must instead concentrate their work on the individual and his/her antecedents to find a suitable place in society for that particular individual.

In category E the professional function of the psychologist is also related to the individual. People do not have the same possibilities to cope with stress, demands, misfortunes, etc. Some people are strong and can cope with the demands whereas others are weak and may be afflicted with mental illness. Thus, the function of the psychologist is to try to strengthen the weak individuals. The psychologists can, by means of their knowledge and empathy, discover and strengthen the genuine, unique and, to a great extent, unconscious qualities and capacity of the individual. The individuals will thus develop their self-knowledge and self-esteem which will also enable them to cope with demands and misfortunes and to expect more realistic things from themselves. The function of the psychologist is mainly to help the individuals to form their own lives,and to master their own situation.

The categories of notions of the two groups correspond to each other in important respects. They can in both cases be arranged along a dimension where the categories A and E are found at the two extremes of this dimension. One of the extremes can be characterized by a social, extended perspective whereas the other is characterized by an individual, limited perspective. It is therefore possible to compare

the notions of the students of medicine and psychology.

Table 1. Notions of professional functions of students of medicine and psychology at the beginning and towards the end of their education.

Category	Medical stud 1st occasion	Medical stud 2nd occasion	Psychology stud 1st occasion	Psychology stud 2nd occasion
A	1	-	3	4
B	8	3	5	8
C	16	18	13	8
D	-	-	2	-
E	-	-	2	-
Total	25	21 x)	25	20 x)

x) (Four and five students respectively have dropped out).

Table 1 shows that both the medical and the psychology students have become more homogeneous. The medical students tend to move towards a more individual perspective whereas the tendency for the students of psychology is towards a more social perspective.

In order to get a more detailed description of the results they must, however, be presented at the individual level (see Fig 1 and 2 below).

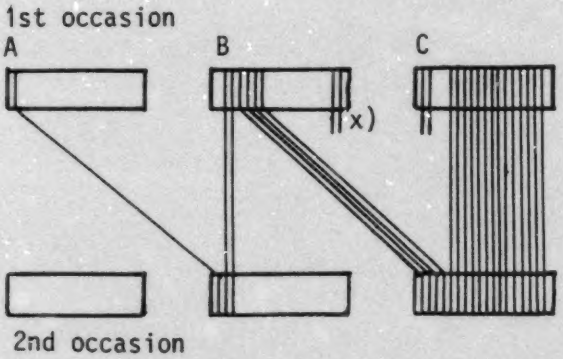

Figure 1. Changes in notions for medical students.
x) drop-outs

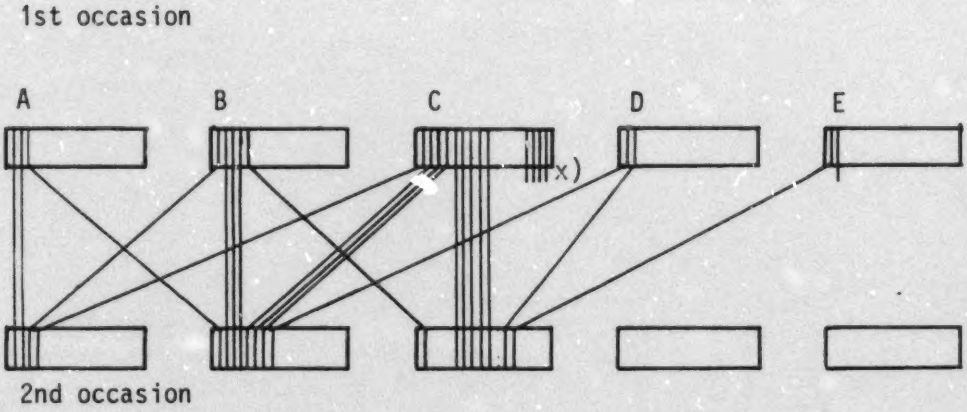

Figure 2. Changes in notions for psychology students.
x) drop-outs.

The number of students who have changed their notions of future professional functions from one category to another indicate a difference between the two groups. Five medical students and ten students of psychology have other notions towards the end of their education than initially. The changes in notions among the medical students are more homogeneous since they occur in one step and in the same direction. The changes among the students of psychology are, however, more heterogeneous since they have occurred in both directions and in some cases over two categories.

Conclusion

Can the differencies in the results for the medical students and the students of psychology be understood and explained by means of the differencies between the educations and the professional traditions mentioned above? The codes characterizing both the organization and the structure of content of the medical education expresses a clear and unambiguous definition of the knowledge relevant for the future practitioner. The stabilization of and shift towards a notion (C) of the doctor as a medical attendant within a given medical

organization is logical in the light of the dissociation from society transmitted indirectly by the education and more directly by the hospital practice. This change is also expressed in the medical journals and by practitioners. The dominating notion "the flexible medical attendant" corresponds to "the indispensible and unattainable Samaritan" (cf.p. 4).

Within the education of psychology with its underlying codes there is more scope for changes in both directions. The emphasis on personal development and the various competing theories, including theories critical of society, contributes to the explanation of, on one hand, the fact that quite a lot of the students have acquired other notions and, on the other, that the shift in most cases has been towards a more extended, social perspective. It is not only one notion that dominates, several notions are also represented towards the end of the education. These results correspond to the variation in notions found among the teachers of psychology. The comprehensive description of the psychologist as "the undiscovered and undeveloped identity", made by the professional journal, also characterizes the students of psychology.

Notions about professional functions can, as has already been mentioned, be regarded as forming part of the preparation for the future professional practice. The notions developed by the students also imply how they will practice their future profession. The future doctors can, according to their dominating notion (C), be expected to limit their efforts to medical care within the four walls of the hospital. According to this notion it is not the doctor's responsibility to try to eliminate disease-breeding elements and environments. Their main task will be to do their utmost to diagnose and to try to cure the individual patient.

The notions among the future psychologists imply that they can be expected to work in many different ways. Some of them can be expected to try to change the social and economic

system and to increase the awareness of their clients, whereas others can be expected to try to improve work and housing conditions. Another group will probably try to readjust people to society. Students with these different notions can be assumed to choose different spheres of activities where they can work in accordance with their own notions. Those who, for example owing to the employment situation, have to work in opposition to their notions will probably have to modify these notions in order to cope with their situation.

Even if there is probably more scope for criticism of society among professionally active psychologists than among doctors it is still reasonable to assume that the exercise of the psychological profession also promotes more individual notions. The ideological transmission that in medical education is an adjustment to the prevailing system is not equally striking and unambiguous in psychology. It is possible, however, that reality and practice will correct notions among the psychologists that may threaten the system.